

PATENT  
Attorney Docket No. GC717-2-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of ) Group Art Unit: 1656  
Poulouze )  
Serial No.: 10/500,936 ) Examiner: Moore, William W.  
Filed: March 25, 2005 ) Confirmation No. 1489  
For: Multiply-Substituted Protease )  
Variants )

REQUEST FOR EXTENSION OF TIME

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The following extension of time is requested to respond to the Final Office Action mailed October 29, 2007:

one month to \_\_\_\_\_; the extension fee is \$120.00.  
two months to \_\_\_\_\_; the extension fee is \$460.00.  
three months to April 29, 2008; the extension fee is \$1,050.00.  
four months to \_\_\_\_\_; the extension fee is \$1,640.00.  
five months to \_\_\_\_\_; the extension fee is \$2,230.00.

The extended time for response does not exceed the statutory period.

- The shortened statutory period has been reset by an Advisory Action  
dated \_\_\_\_\_.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R.

§§ 1.16 and 1.17 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 07-1048 (Docket No. GC717-2-US).

Respectfully submitted,

Dated: May 21, 2008

/Kamrin T. MacKnight/  
Kamrin T. MacKnight,  
Reg. No. 38,230

Danisco US Inc., Genencor Division  
925 Page Mill Road  
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Adjustment Date: 06/23/2008  
03 FC: 253  
INTFSY 1650 004935 CKHLOK  
CR 071648  
10500936

GC717-2-US EOT

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/20/08 2 Serial/Patent # 10500936

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time	—	5/21/08	\$ 1050.00
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND	\$ 1050.00
8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/>	Treasury Check
<input checked="" type="checkbox"/>	Credit Deposit A/C #: 07-1048
9 No Fee Due (Explanation):	

10 REASON:	
<input type="checkbox"/> Overpayment	
<input type="checkbox"/> Duplicate Payment	
<input checked="" type="checkbox"/> No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME:	<u>Liana Walsh</u>
SIGNATURE:	<u>Liana Walsh</u>
OFFICE:	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED:	<u>OK</u>
DATE:	<u>6/23/08</u>

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B